

FILED SEP 23 1957

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 34097  
 STATE FILE NUMBER  
 8410

 Registration District No. **318** Primary Registration District **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>7</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		c. CITY OR TOWN <b>ST. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3015 S. 13<sup>th</sup> ST.</b>	

3. NAME OF DECEASED (Type or print) First <b>STella</b> Middle <b>Katherine</b> Last <b>Schmidt</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>6</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 7, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Schmidt Jewelers</b>	
11. BIRTHPLACE (City and state or country) <b>ST. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>N. F. Peter Schmidt</b>		14. MOTHER'S MAIDEN NAME <b>Louise Klein</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>None</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-05-2707</b>	
17. INFORMANT <b>Edgar J. Schmidt</b>		Address <b>3015 S. 13<sup>th</sup> ST.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial failure</b> <b>Chr. Rheumatic endocarditis</b> DUE TO (b) <b>Chronic rheumatic endocarditis</b> DUE TO (c) <b>Pulmonary fibrosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Many years</b> <b>Many years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Pulmonary fibrosis</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>2-1-57</b> a. m. <b>2-1-57</b> p. m. <b>2-1-57</b> Month, Day, Year	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>2-1-57</b>	
20e. CITY, TOWN, OR LOCATION <b>ST. Louis</b>	COUNTY <b>7</b>	STATE <b>Mo.</b>

21. I attended the deceased from <b>Sept 4-1-57</b> to <b>Sept 6-1-57</b> and last saw her alive on <b>Sept 4-57</b> Death occurred at <b>4:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.</b>	
22a. SIGNATURE <b>Frances B. Ritchie M.D.</b>	22b. ADDRESS <b>5233 Waterman</b>
22c. DATE SIGNED <b>9-7-57</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>Sept. 9, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Will Owen L. &amp; U. C.</b>	ADDRESS <b>2929 S. Jefferson</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 9 '57</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

 health, Welfare, Public Service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

CTOI

812

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Harold C. Mitt*

Licensed Embalmer No. *435*

P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.